

## **DEPARTMENT OF HEALTH AND SENIOR SERVICES**

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## NJDHSS Communicable Disease Service Weekly Statewide Influenza Activity Summary

Week Ending January 13, 2006

Influenza level of activity: "SPORADIC ACTIVITY"

From September 20, 2005, to date, 714 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System\*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending January 13, 2006:

- Number of influenza A culture confirmed cases: Three
- Number of influenza B culture confirmed cases: One

This is the sixteenth week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service has not been notified of any influenza outbreak or increased activity in any health care facilities, nursing homes or schools throughout the state.

This week, rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.31% and 5.43% respectively. The rate for school absenteeism showed 5.97%.

Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight decrease in the number of tests performed and the number of positives. This might mean we have reached the peak of RSV activity this season. Overall, this week's surveillance parameters show a lower level of activity when compared with the same period last season.

A few of the county percentage parameters showed figures well above the total average (see 10Jan.06pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey remains at a level of

"SPORADIC ACTIVITY". This level of activity is comparable with the same period last season.

According to the CDC's latest influenza weekly activity level report for week 52 (December 25– December 31, 2005), influenza activity continued to increase in United States. Seven states reported widespread influenza activity; three states reported regional influenza activity; nine states and the District of Columbia reported local influenza activity; twenty seven states, including New Jersey and New York City reported sporadic influenza activity; while two states reported no influenza activity. No influenza-associated pediatric deaths were reported for week 52. Since October 2, 2005, CDC has received reports of five influenza-associated pediatric deaths, three of which occurred during the current influenza season.

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be from extrapolated weekly monitoring activities of healthcare facilities and providers dispersed around the state.

## Avian flu WHO update:

Tests conducted in Turkish laboratories have confirmed the country's 15th case of human infection with the H5N1 Avian influenza virus. The patient is a 37-year-old woman with a history of exposure to diseased chickens. She resides in the central province of Sivas, the seventh province to report cases. All evidence to date indicates that patients have acquired their infections following close contact with diseased birds. Also, the ministry of health in China has confirmed the country's eighth case of human infection with the H5N1 Avian influenza virus. Overall, the cumulative number of laboratory-confirmed human cases of Avian influenza A/(H5N1) reported to WHO stands at 147 including 78 deaths. WHO has just released traveling guidelines to and from countries experiencing outbreaks in H5N1 Avian influenza. For more information go to: <a href="http://www.who.int/csr/disease/influenza/en/">http://www.who.int/csr/disease/influenza/en/</a>

\*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

## **References and Resources:**

- To obtain previous ILI reports: http://nj.gov/health/fluinfo/index.html
- http://www.nj.gov/health/flu/preventflu.shtml
- http://www.cdc.gov/flu/
- http://www.who.int/csr/disease/influenza/en/
- http://www.cdc.gov/mmwr/